

Medicaid Advisory Committee: Provider Communications

Indiana Family and Social Services Administration
Office of Medicaid Policy and Planning
2020



Basis

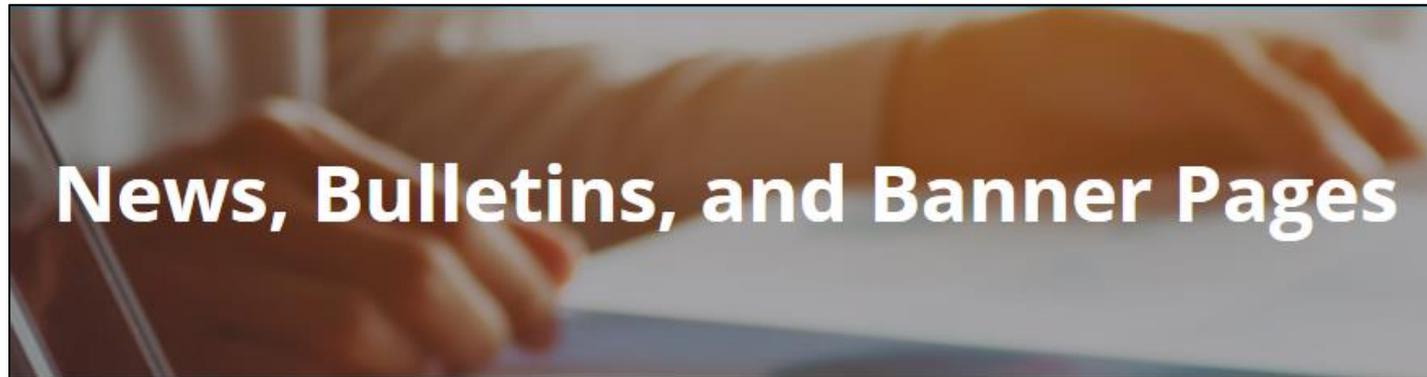
Policy changes to the Medicaid program with an implementation period for providers or MCEs of more than 30 days (HEA 1548 SECTION 3. IC 12-15-33-9.5 (a)(7))



Provider Publications

Why publications?

- Mandated by Indiana Code (IC) 12-15-13-6



Indiana Code (IC) 12-15-13-6

Any notice or bulletin issued by:

- The office (OMPP)
- A contractor of the office
- A managed care plan under the office

Concerning a change to the Medicaid program, including a change to prior authorization, claims processing, payment rates, and medical policies, that does not require use of the rulemaking process under IC 4-22-2 **may not become effective until thirty (30) days after the date the notice or bulletin is communicated to the parties affected by the notice or bulletin.**



Provider Publications

Official Ways We Publish Information:

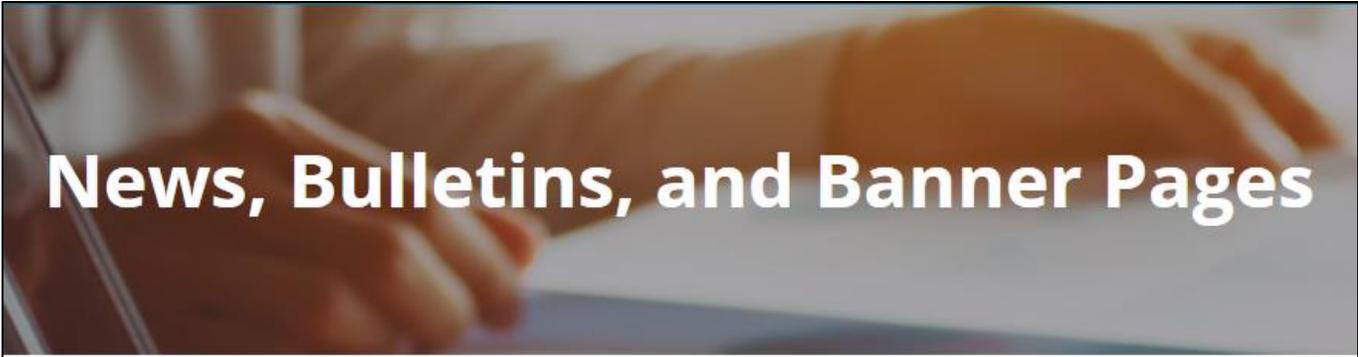
- Bulletins
- Banners
- News announcements
- Webinars



Banners

IHCP Communications Policy Manual definition:

- **Banner pages** are created to provide policy clarification and to send specific information to the IHCP providers primarily targeting billing and claims processing. Banners are issued on a weekly basis and are always published on Tuesdays.



News, Bulletins, and Banner Pages



Example: Banner

IHCP to mass reprocess outpatient claims for certain surgical services that denied incorrectly

The Indiana Health Coverage Programs (IHCP) has identified a claim-processing issue that affects outpatient fee-for-service (FFS) claims for surgical services processed from August 28, 2019, through August 19, 2020. Claims billed for a surgical procedure code in conjunction with a non-surgical revenue code may have denied incorrectly for explanation of benefits (EOB) 4095 – *A non-surgical service is not reimbursed individually if performed in conjunction with an outpatient surgery.*

The claim-processing system has been corrected. Claims processed during the indicated time frame that denied incorrectly for EOB 4095 will be mass reprocessed. Providers should see the reprocessed claims on Remittance Advices (RAs) beginning on October 7, 2020, with internal control numbers (ICNs)/Claim IDs that begin with 80 (reprocessed denied claims).

Note: For information about billing for revenue codes on institutional claims, see the [Claim Submission and Processing provider reference module](#) at in.gov/medicaid/providers.



Bulletins

IHCP Communications Policy Manual definition:

- Bulletins are created to send information about policy changes, including reimbursement and programmatic changes. Bulletins are issued on an as-needed basis and are generally published on Tuesdays or Thursdays.



News, Bulletins, and Banner Pages



Example: Bulletin

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202099 SEPTEMBER 1, 2020

IHCP updates podiatry policy

Effective for dates of service (DOS) on or after October 1, 2020, the Indiana Health Coverage Programs (IHCP) will be changing podiatry code benefit coverage from a rolling 12-month period to per calendar year.

The following fee-for-service (FFS) podiatry benefit limit explanations of benefits (EOBs) are impacted. These podiatry benefit limits are displayed on the IHCP Provider Healthcare Portal:

- EOB 6090 – *Indiana Medicaid benefits allow payment for one (1) podiatry office visit per recipient per calendar year.*
(Note: This EOB is not per provider.)
- EOB 6855 – *Reimbursement is limited to six routine foot care services per year for patients with diabetes mellitus, peripheral vascular disease, or peripheral neuropathy, unless prior authorization has been obtained.*



This change will apply to all IHCP programs, including managed care.

Reimbursement, prior authorization (PA), and billing information applies to services delivered under the FFS delivery system. Individual managed care entities (MCEs) establish and publish reimbursement, PA, and billing criteria within the managed care delivery system. Questions about managed care billing and PA should be directed to the MCE with which the member is enrolled.



News Items

News items provide immediate, brief notifications to the IHCP community:

- Public comment request for waiver application



Example: News Item

OMPP seeks public comment on MOMII 1115 demonstration waiver

The Office of Medicaid Policy and Planning (OMPP) is seeking public comment, including from Indiana Health Coverage Programs (IHCP) providers, members, and managed care entities (MCEs), on a Section 1115 demonstration waiver application prior to its submission to the Centers for Medicare & Medicaid Services (CMS). OMPP seeks to implement this 1115 demonstration waiver in conjunction with the Maternal Opioid Misuse Indiana Initiative (MOMII) cooperative agreement.

The goals of this Section 1115 demonstration waiver are to:

- Provide additional access to healthcare and provide enhanced care coordination for MOMII 1115 enrollees following the birth of their children, in order to reduce morbidity and mortality
- Reduce postpartum overdose-related hospitalizations for MOMII 1115 enrollees
- Increase access to long-acting reversible contraception (LARC), resulting in longer inter-pregnancy intervals for MOMII 1115 enrollees
- Increase Substance Use Disorder (SUD) treatment engagement in the postpartum period

All comments should be submitted by September 11, 2020, to the Indiana Family and Social Services Administration (FSSA) by email to Sara.Albertson@fssa.IN.gov, or by U.S. mail:

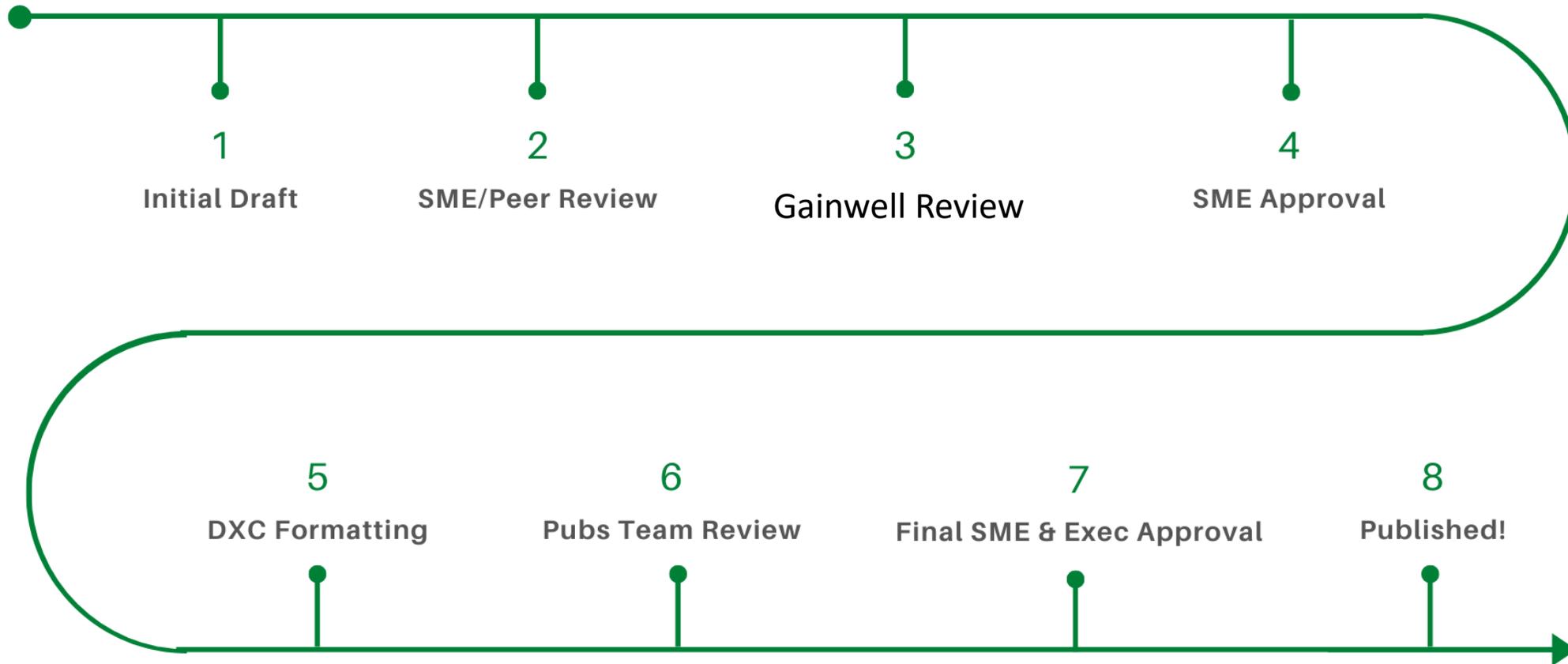
FSSA Office of Medicaid Policy and Planning
Attention: Sara Albertson
402 West Washington Street, Room W374, MS07
Indianapolis, Indiana 46204

For more information about the demonstration waiver and to view the public notice, including instructions on how to submit comments, visit the FSSA [Public Notices](#) web page at in.gov/fssa.



Provider Notice Approval Process

Provider Notice Review Process:



Other Methods of Communications

- Provider Association Meetings
- IHCP Live Webinar Series
- IHCP Roadshow / IHCP Works Annual Seminar
- Email and Phone Campaigns



Managed Care Communications



Anthem

Type of Communication	Channel of Communication	Frequency
Provider Bulletins	Online / Fax	As Needed
Provider Webinars	Online	Monthly (Every 3 rd Thursday)
Newsletters	Online (Email)	As Needed
Additional Provider Services Outreach	Email / Fax / Phone	As Needed

ADDRESSING SYSTEM CONCERNS: Planned system outages or unplanned system outages for Availity are addressed on the “news and announcements” section on the Availity portal homepage.



CareSource

Type of Communication	Channel of Communication	Frequency
Network notifications	Online	As needed
Newsletters	By Mail / Online	Quarterly
Postcards	By Mail	Monthly
Policy Announcements	Online	Monthly
Portal Announcements	Online	As needed
Letters	By Mail	As needed
Fliers	In-Person / Online	As needed (updated annually)

ADDRESSING SYSTEM CONCERNS: They use meetings with all large Indiana Hospital systems and smaller practices as well as network notifications.



MDwise

Type of Communication	Channel of Communication	Frequency
ProviderLink (newsletter)	Online	Quarterly
Provider Agenda	Online (Email)	Monthly
Provider Portal Updates	Online	As Needed
Other communications by email, direct email, fax, or myMDwise (provider) portal updates	Varies	As Needed

ADDRESSING SYSTEM CONCERNS: They use provider news section on website to address system issues as well as direct communications with providers via email, phone, or in-person.



MHS

Type of Communication	Channel of Communication	Frequency
Provider Webinars	Online	Monthly
Direct Mailings	By Mail	Monthly / Annually
Ad-Hoc Outreach Campaigns	Online	As needed
Virtual Meetings	Online	As needed
Provider Portal	Online	As needed
The Communicator (Newsletter)	Online	Quarterly
Provider Watch Newsletter	Online	Bi-Weekly

ADDRESSING SYSTEM CONCERNS: They use website alerts or emails to notify providers of any system issues or resolutions.

